

DENTAL CONTINUING EDUCATION SPONSORSHIP APPROVAL

Authority: 1978 PA 368

A sponsor application must be submitted prior to the first program offered. Programs offered prior to sponsor approval will be denied approval.

Sponsor Name		
Sponsor Street Address		
City	MI	Zip Code
Email Address		Previous MI Approval Number and Expiration Date
List the names and titles of all individuals responsible for continuing education programs. List the individuals with primary day-to-day responsibility for the continuing education programs first. <i>(Attach additional sheets if necessary)</i>		
Name	Title	
Name	Title	
Name	Title	
Has any member of this organization been the subject of any past or present disciplinary action? (If "yes", please explain)		
Yes		No
How long have you offered continuing education programs?		
How are your CE programs funded? Check all that apply. <div style="display: flex; justify-content: space-between; padding: 10px;"> <div>Tuition and fees</div> <div>Sales of Product and/or Equipment</div> <div>Grants-Source _____</div> </div> <div style="display: flex; justify-content: space-between; padding: 10px;"> <div>Budget Allocated for CE</div> <div>Member Dues</div> <div>Other- _____</div> </div>		
List the goals of your CE programs:		
Which of the following do you use to accomplish participant needs assessment? <div style="display: flex; justify-content: space-between; padding: 10px;"> <div>Survey/Questionnaire</div> <div>Advice from Professional Organization</div> <div>Advisory Committee Input</div> </div> <div style="display: flex; justify-content: space-between; padding: 10px;"> <div>Course Evaluation Form</div> <div>Verbal Feedback During Course</div> <div>Public Health Statistics or Other Health Care Data</div> </div>		

List how the results of the needs assessment activities are used:	
Are specific objectives (learner outcomes) developed for each CE program? Yes No	
How are objectives communicated to potential participants? (check all that apply)	
Course Brochures or Announcements	Course Handout Material
Presented Verbally by Clinician at Outset of Course	Other: _____
List how educational methods (lecture, discussion, participation, slides, etc) are chosen:	
Describe are you determine suitability of facilities for your programs:	
Do any of your CE programs involve the treatment of patients by either the clinician or participants? Yes No (if "yes", complete the Patient Protection Form)	
Describe how you determine if the instructor is qualified to provide instruction in the relevant subject matter:	
Which of the following will course participants be asked to evaluate? (check all that apply)	
Course Content	Administrative Arrangements
Course Handout Material	Facilities
How well Course met Expectations	Instructors
	Use of Educational Aids
Describe how the results of the course evaluations are used:	
Indicate how the participants obtain information about their record of attendance at the program:	
<u>Required Additional Documents:</u> <ul style="list-style-type: none"> A curriculum vitae/resume for each instructor. Course content for courses to be offered or past courses that have been offered including the number of hours of continuing education to be awarded. Patient Protection form (if applicable). 	
CERTIFICATION AND SIGNATURE	
I certify that the information provided on the enclosed forms, for approval as a sponsor for Michigan Dentistry continuing education, is true and complete. If approval of the sponsor is granted by the Board of Dentistry, I certify accurate, permanent individual attendees at each program will be maintained, and written evidence of attendance containing the approval number assigned to the sponsor shall be provided to each licensee and only those licensees in attendance. Our continuing education programs will meet the standards and criteria adopted by the Michigan Board of Dentistry.	
_____ Signature	_____ Title
_____ Type or Print Name	_____ Date